

DEFERMENT OF BENEFITS FORM

Purchaser's Name	Contract Number
Beneficiary's Name	Beneficiary's Social Security Number

STUDENT MAILING ADDRESS

Street Address (include apartment number)		
City	State	Zip
Daytime Phone (Area Code and Number)		Evening Phone (Area Code and Number)

Please return completed form if you do not opt to use the benefits at this time. No payment will be made to a school until we receive an Intent to Enroll form.

☐ PLEASE CHECK HERE IF BENEFITS ARE NOT BEING USED THIS YEAR

CERTIFICATION OF DEFERMENT OF BENEFITS

The undersigned certify that the information provided on this form is true and correct to the best of their knowledge and belief. The undersigned understand that non-qualified distributions are subject to penalty.

Purchaser's Signature

Date

Beneficiary's Signature

Date



PLEASE RETURN THIS FORM NO LATER THAN JUNE 16, 2006,
Nevada Prepaid Tuition Program, 555 E. Washington Ave., Suite 4600,
Las Vegas, NV 89101
or fax to 702-486-3246